AMENDMENT TRANSMITTAL LETTER						Docket No. 08228/095001
Application No.		Filing Date		Examiner		Art Uni
10/580,706-Conf. #5332		May 25, 2006		B. M. Senfi		2482
plicant(s): Tac	lashi Amino					
rention: VIDEC		ON/RECEPTION	ON SYSTEM,	SIGN	AL GENERA	ON DEVICE, RADIO TION DEVICE, SIGN VICE
	TO	THE COMM	SSIONER FO	OR PA	TENTS	
ransmitted here	with is an ame	ndment in the	above-identif	ied app	olication.	
he fee has bee	n calculated an	d is transmitte	d as shown b	elow.		
			S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present		Rate	
Total Claims	10	- 20 =	0	х	52.00	0.00
Independent Claims	5	- 4 =	1	x	220.00	220.00
Multiple Depen	dent Claims (ch	eck if applicabl	le)			
Multiple Dependent	•		<u> </u>	ation (R	CE)	810.00
	se specify): F	Request for Con	tinued Examina	ation (R	CE)	810.00 1,030.00
Other fee (pleas	se specify): F	Request for Con	tinued Examina	ation (R	CE) Small Entity	
Other fee (pleas	se specify): F	Request for Con	tinued Examina	ation (R		
Other fee (please TOTAL ADDIT x Large Entity No additions	se specify): F	Request for Con	NDMENT:		Small Entity	1,030.00
Other fee (pleas TOTAL ADDIT x Large Entity No additional	se specify): F	OR THIS AME d for this amer	ndment.	n the a	Small Entity	1,030.00
Other fee (please TOTAL ADDIT x Large Entity No additions Please char A check in t	ional FEE FO	OR THIS AME d for this amer	ndment.	n the a	Small Entity	1,030.00
Other fee (pleas TOTAL ADDIT X Large Entity No additions Please char A check in t X Payment by	especify): FIONAL FEE FO al fee is require ge Deposit Acche amount of \$ credit card. r is hereby auth	Request for Com OR THIS AME d for this americant No.	tinued Examina NDMENT: ndment. i to cover	n the a	Small Entity mount of \$ _ ng fee is enc	1,030.00
Other fee (pleas TOTAL ADDIT X Large Entity No addition: Please char A check in t X Payment by The Director as describer	especify): FIONAL FEE FO al fee is require ge Deposit Acche amount of \$ credit card. r is hereby auth	Request for Con OR THIS AME d for this americount No	tinued Examina NDMENT: ndment. i to cover	n the a	Small Entity mount of \$ _ ng fee is enc	1,030.00
Other fee (pleas TOTAL ADDIT X Large Entity No addition: Please char A check in t X Payment by X The Director as described X Credit as	ie specify): FIONAL FEE FO	Request for Com OR THIS AME d for this americant No norized to charant.	ndment. to cover ge and credit	n the a the filin	Small Entity mount of \$ _ ng fee is enc	1,030.00
Other fee (pleas TOTAL ADDIT X Large Entity No addition: Please char A check in t X Payment by The Director as describer X Credit a X Charge: //Jonathan P. O	is specify): FIONAL FEE FO	Request for Com OR THIS AME d for this americant No norized to charant.	ndment. to cover ge and credit	n the a the filin	Small Entity mount of \$ _ ng fee is enc iit Account N	1,030.00
Other fee (pleas TOTAL ADDIT X Large Entity No addition: Please char A check in t X Payment by X The Director as described X Credit as	ie specify): FIONAL FEE FO	Request for Con OR THIS AME of for this americant No norized to char nt. ing or application	ndment. to cover ge and credit	n the a the filin	Small Entity mount of \$ _ ng fee is enc iit Account N	1,030.00 osed. o50-0591 37 CFR 1.16 and 1.17.